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BH Specialist: Ch		<u>. h l</u>	Scl	hool: _	Si			Da	ite: _/	-96	12
Individual Appointme Name 1. 2.	nts		Lengt	<u> </u>	S	lame				Leng	gth
3. 4. 5.			45m		 o	•••		· · · · · · · · · · · · · · · · · · ·			
Support Groups Name of Group 1. 2. 3.		mber ended	Leng		Na Gr	ame of		Num Atter		Leng	jth
Planned meetings with Name 1. Coatekeer of AEP 3. Mrs. Pillon	Sub	ts/ager oject onsol+	Lengt 2 hr	hool st h <u>5.</u> 5.	aff N	ame		Subje	ect	Leng	th
4. Ms. Copp Presentations/trainings Description 1.	conduc	ted by	45m	ecialist		scriptio	on 1	# Atter	nded	Leng	 th
2. 3.				5. 6.					·		
Informal consultations (pla Parents	ace X in t	op box	for each	consult	and wr	ite leng	th of co	ensult in	bottom	box)	Total
Agency											
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dministrators	15	35									
uidanceCounselors											
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			SAPDail	y Repo	rtFor	n					
BH Specialist: Chvis	s Ru	nl	Scho	ol:	SV	· · - · · · · · · · · · · · · · · · · ·		_ Date	: <u>./</u>	-1.0 -0	<u>,</u>
Individual Appointments Name 1.	6		Length	6.	Na	me			•	Lengt	h
2. 3. 4. 5.				7. 8. 9.			•				_
Support Groups Name of Group 1. 2. 3.	Num Atter	ber ided	Length	_ 4. _ 5. _ 6.	Gro	ne of up		Numb Attend	-	Lengt	h
Planned meetings with Name 1. Core Team 1. Mrs. H 3. Mrs. L 4. Ms. Woods	parents Subj	ect	Cies/scho Length Comi Dhrs 30m	7 5. 6. 7.	Na Mrs GET	me <u>D.Be</u> AC Heml	116	Subject Cur's SAP Walte	2;	Lengt 45m 30m 30m	7 7
Presentations/trainings of Description 1. 2. 3.	conduct	ed by		cialist	Des	scriptio	n i	# Atten	ded	Lengt	h -
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Parents											
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See incident reports

SAP Daily Report Form											
BH Specialist: Chvis	, <u>P</u> U	ار	Schoo	i:	SV			_ Date:		-/1-02	<u> </u>
Individual Appointments Name 1.	Name Length									Length	1
2. 3. 4.				7. 8. 9.							- - -
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Group 1. 2. 3.	Atter		Length	4. 5. 6.				Auena		Lengu	-
Planned meetings with Name 1. Assolvant Meeting Tina 3. Mr. woods 4. Mr. Hant	Subject M C	H-Long H-Long	ies/scho Length 2hrs. 45m: 2hrs.	5. 6. 7.	f Nar Jim l	Perfet		Subject Currs.	2_	Length (60 m	
Presentations/trainings of Description 1. 2. 3.	conduct # Att	ed by ended	BH Spec	cialist 4. 5.	Des	criptio	n	# Attend	ded	Lengti	n -
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GuidanceCounselors											
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		SAP Daily I	Repo	rtForm	1					
BH Specialist: Chvis	Rul	School	•	SV			_ Date:		-1.4-0	ァ
Individual Appointments Name 1. Kellie Caraca 2. Enic Name (i. 3. 4. 5.	nitial)	Length 30min	6. 7. 8. 9. 10.	Nar		-			Lengti	1 - - -
Support Groups Name of Group 1. 2. 3.	Number Attended	Length	4. 5. 6.	Nan Grou	ne of		Numbe Attend		Lengti	1
Planned meetings with p Name 1. Parat of Nordin 1. Mrs. Heml 3. Joe Buffalino 4. Charlise Moure	Subject Enic Walter Polancy Wrop	Length 36min 15min	5. 6.	De 5	whi	Lucu	Subject Wrap Corour incide	<u>. ح</u>	Length 15m: 30m 30m	<u>, 7</u>
Presentations/trainings condition 1	onducted by # Attended	BH Spec	ialist 4. 5.	Des	cription	1 	# Attend	ded	Lengt	h
Informal consultations (place Parents	X in top box	for each co	onsult.	and wri	te lengt	h of co	nsult in I	oottor	n box)	Total
Agency	7573									
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Administrators	751		_							
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		SAP Daily R	epc	MFORE	TI					
BH Specialist: <u>Ch</u>	vis Ruhl	School:		SV			_ Date	: <u>/</u> -	-15-0	<u>)</u>
Individual Appointme Name 1. Darry Malone 2. Ancoda kar 3.	· · · · · · · · · · · · · · · · · · ·	Length 30min 30min	6. 7. 8.		me ···				Lengt	h —
4. 5.			9. 10.							<u> </u>
Support Groups Name of Group 1. 2. 3.	Number Attended	Length	4. 5. 6.	Nan Gro	-		Numb Attend	_	Lengt	h
Planned meetings w Name 1. Core Team ins woods 3. OCY 4. Mrs. Hend	Subject	Length	5. 6.	ff Nai Mrs	·Lon	7	Subje Kr31		Lengtl ISm	
Presentations/training Description 1. 2. 3.	gs conducted by # Attended		list 4. 5. 6.	Des	criptio	n	# Atten	ded	Lengt	h .
Informal consultations (place X in top box	for each con:	sult.	and wri	te lengt	h of co	nsult in	botton	n box)	Total
Parents										
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Administrators			/					/		
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			AP Dail	у Керс	ortron	<u>n </u>					
BH Specialist: Chvis	RJ	1.	Scho	ol:	SV			Date	: 1	-16-0	<u>2</u>
Individual Appointments Name 1. Ellic Cara 2. Willie A	Cinitia	0	Length GOmin			ime				Lengt	h
Support Groups Name of Group 1. 2. 3.	Num Atter		Length	4. 5. 6.	Nar Gro	me of		Numb Attend		Lengt	h
Planned meetings with Name 1. Mrs. Alversolo Gate Reening Mrs. Heinde 4. Mrs. Long	parents Subje いだ いい いい いれ になり なっち	ect lie p fer	Length Jamir Janir Janir Janir Janir Janir	5. 6. 7.	Mrs Mr.	me . Word Whitn	han	Subject Price Process investigation	<u>a</u>	Length 30m 30m	<u> </u>
Presentations/trainings c Description 1. 2. 3.			BH Spe Length		Des	scriptio	n	# Atten	ded	Lengt	h .
Informal consultations (place	e X in to	p box f	or each o	onsult.	and wri	ite leng	th of co	onsult in	bottor	n box)	Total
Parents											
Agency											
Teachers/Nurse/ Other School Staff	7/5										
Administrators	15	/									
GuidanceCounselors	15										
Children	751	3/2/1							1		200

Student Assistance Program High/Middle School Student Referral Form

$\alpha = 0$	
Student Name	Present Grade Level 7
School Strong Vincent	Date 1-8-02
Teacher Name PR Bugulene	Class
Please take the time to complete this form by information. In order to develop effective into communicate any of the observable behavior that this information, if requested, will be made guardian. Please place this referral in an envelope building SAP Team. Academic Information	ervention plans, it is crucial that you is listed below. Federal regulations require de available to the student's parent(s) or
present subject letter grade drop in grades fails to complete in-class assignments # verbalizes disinterest in academic performance has difficulty retaining new or recent info	poor motor skills fails to complete homework reads below grade level poor test scores does not take advantage of extra assistance offered/available
Behavioral Observations	
decrease in classroom participation cutting class cheating siceping in class unprepared for class loss of eligibility seeks constant reassurance involvement in theft (student reports) runaway (student reports) selling drugs (student reports) inappropriate sexual verbalization expresses involvement in hate groups refusal to go home (student reports) missed practice short attention span, explain:	tardiness dropped out lying difficulty making decisions easily distractible denies responsibility/blames others openly expresses drug use (student reports) large amounts of money unwilling to change attire for PE expresses involvement in the occult hangs around school for no apparent reason repeated visits to restroom, health office, counselor, etc.
Policy Violations/Discipline Problems	
vandalism on absent list, but in school carrying a weapon, beeper, cell phone or other prohibited electronic devices repeated violation of rules	detentions, # obscene language or gestures wears drug/alcohol clothing inappropriate dress (dress code) verbally abusive towards/harasses others

Student Accistance Program High/Middle School Student Referral Form

Physical Observations	
unsteady on feet glassy/bloodshot eyes frequent cold-like symptoms slurred speech self abuse appears disoriented frequently expresses concerns with personal health	complains of nausea unexplained physical injury smells of alcohol/marijuana noticeable change in weight poor hygiene food issues, explain
Peer Interaction Observations	
disliked by peers hits or pushes others disturbs other students easily influenced by others	older/younger social group fighting loner sits alone in lunchroom
Emotional Observations	
expresses desire to die (student reports) sudden outbursts of anger suicide threat or gesture dramatic or sudden change in behavior expresses anger towards parent(s) often criticizes self/others appears fatigued easily frustrated expresses fear/anxiety of:	expresses desire to join someone who has died expresses desire to punish or gain revenge via deadly means recent death of a family member or close friend (student reports) expresses feelings of hopelessness, worthlessness, helplessness family stressors, explain:
Special Skills/Characteristics (strengths)	
demonstrates a desire to learn helps others in class leader cooperative can work independently creative good communication skills	displays good logic/reasoning skills works well in a group considerate of others enthusiastic participates in extra-curricular activities can accept re-direction (criticism) accepts responsibility
Additional Comments:	1/
Would you like to discuss this student with	the SAP Team? Yes No
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e has had épisodes u	authusts of anger. here she has cut herself

5:34	79 n t amin		2			G VINC	ENT H. MOOOTT		- 1	ZUL	JI-UZ JL YEAR	
	NT H4	R ME	R		07	F	0224	BIRTH	88 BATE	BUFALINO	J	LOCKER
HOME	ALDRES	15		ST		RICHA PARENT,	RD GUARDIA	н	4	55795 HOMI	E PHONE	
ER.	SEM	COURSE	SEC	COURS	E NAME		ROOM	TCH#	TEAC	HER NAME	DAYS MET	CREDITS
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1-8-02 plen fa Auger Management. - RB. 1-9-02 Follow p. session but Rouchel not in persol. Called Rome. - no answer.

RETURN TO:

Student Name Please take the time to complete this S	Present Grade
Please take the time to complete this form by information. In order to develop effective int	ervention plans, it is crucial that you
communicate any of the observable behavior	s listed below. Federal regulations require
that this information, if requested, will be mad guardian. Please place this referral in an enve	le available to the student's parent(s) or
the building SAP Team.	rope, himsee cointidential, and return it to
A	
Academic Information	A State of the Sta
present subject letter grade	non motor della
V drop in grades Significant	poor motor skills
fails to complete in-class assignments	fails to complete homework reads below grade level
# 2 40° Rh A CR	poor test scores
verbalizes disinterest in academic	does not take advantage of extra
/ performance	assistance offered/available
has difficulty retaining new or recent info	rmation
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Behavioral Observations	ter and the second second
decrease in classroom participation cutting class	
decrease in classroom participation	tardiness All Market
cutting class	dropped out
cheating was to all a second	lying
sleeping in class unprepared for class	difficulty making decisions
loss of eligibility	easily distractible
seeks constant reassurance	denies responsibility/blames others openly expresses drug use (student
involvement in theft (student reports)	reports)
runaway (student reports)	large amounts of money
selling drugs (student reports)	unwilling to change attire for PE
inappropriate sexual verbalization	expresses involvement in the occult
expresses involvement in hate groups	hangs around school for no apparent
refusal to go home (student reports)	reason
missed practice	repeated visits to restroom, health
short attention span, explain:	office, counselor, etc.
the Court of the C	·
Policy Violation/District Books	and the state of t
Policy Violations/Discipline Problems	2004
vandalism	detentions, #
on absent list, but in school	obscene language or gestures
	wears drug/alcohol clothing
carrying a weapon, beeper, cell phone	Meria (110) STOOLOI CIOLIIIIA

Physical Observations	
unsteady on feet glassy/bloodshot eyes	complains of nausea
fractions cold like	unexplained physical injury
frequent cold-like symptoms slurred speech	smells of alcohol/marijuana
self abuse	noticeable change in weight
	poor hygiene
frequently expresses concerns	food issues, explain
with personal health	
villa poi sonai neatti	
Peer Interaction Observations	
disliked by peers	older/younger social group
hits or pushes others	G-bain-
disturbs other students	loner
easily influenced by others	sits alone in lunchroom
Emotional Observations	
	
expresses desire to die (student reports)	expresses desire to join someone who
sudden outbursts of anger	has died
suicide threat or gesture	expresses desire to punish or gain
dramatic or sudden change in behavior	revenge via deadly means
expresses anger towards parent(s)	recent death of a family member or
often criticizes self/others	close friend (student reports)
appears fatigued easily frustrated	expresses feelings of hopelessness,
expresses fear/anxiety of:	worthlessness, helplessness
cupi coocs real/amtiety or.	family stressors, explain: Total of the
Special Skills/Characteristics (strengths)	
demonstrates a desire to learn	displays good logic/reasoning skills
helps others in class	works well in a group
leader	considerate of others
Cooperative	enthusiastic
can work independently	participates in extra-curricular activities
creative	can accept re-direction (criticism)
good communication skills	accepts responsibility
Additional Comments:	Wall Call
Would you like to discuss this and the state of	CAR THE CONTRACT OF THE CONTRA
Would you like to discuss this student with the	
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Con son	a principal in the sale of the
is the current	Comment of the contract of the second of the
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Con Son Market - sol	
a color Mo colors	- Medica Calla Chi Lord
Larra 147 Chronic	Description is how high
and you	
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DATE: 1919/01 Responding Te	acher. 17 (18) (10)
Student Name Road	Present Grade
Please take the time to complete this form by information. In order to develop effective intromunicate any of the observable behavior that this information, if requested, will be made guardian. Please place this referral in an envelope her building SAR Towns	checking or marking the appropriate ervention plans, it is crucial that you s listed below. Federal regulations require to the student's parent(s)
he building SAP Team.	And the state of t
Academic Information	All Marie Control of the Control of
present subject letter grade drop in grades fails to complete in-class assignments # verbalizes disinterest in academic	poor motor skills fails to complete homework reads below grade level poor test scores
performance	does not take advantage of extra assistance offered/available
has difficulty retaining new or recent info Behavioral Observations decrease in classroom participation cutting class cheating sleeping in class unprepared for class	tardiness dropped out lying difficulty making decisions easily distractible
loss of eligibility seeks constant reassurance involvement in theft (student reports)	denies responsibility/blames others openly expresses drug use (student reports)
runaway (student reports) selling drugs (student reports) inappropriate sexual verbalization expresses involvement in hate groups refusal to go home (student reports)	large amounts of money unwilling to change attire for PE expresses involvement in the occult hangs around school for no apparent reason
missed practice short attention span, explain: short attention span, explain span, explain: short attention span, explain span, expla	repeated visits to restroom, health office, counselor, etc.
vandalism on absent list, but in school value of the carrying a weapon, beeper, cell phone	detentions, #obscene language or gestures name courses wears drug/alcohol clothing
or other prohibited electronic devices repeated violation of rules	inappropriate dress (dress code) verbally abusive towards/harasses others

Physical Observations	The strategy of the strategy o
unsteady on feet glassy/bloodshot eyes frequent cold-like symptoms	complains of nausea unexplained physical injury smells of alcohol/marijuana
slurred speech self abuse appears disoriented	noticeable change in weight poor hygiene food issues, explain
frequently expresses concerns with personal health	2000 Buddy, explain
Peer Interaction Observations	
disliked by peers hits or pushes others disturbs other students easily influenced by others	older/younger social group fighting loner sits alone in lunchroom
Emotional Observations	
expresses desire to die (student reports) sudden outbursts of anger suicide threat or gesture dramatic or sudden change in behavior expresses anger towards parent(s) often criticizes self/others appears fatigued easily frustrated expresses fear/anxiety of	expresses desire to join someone who has died expresses desire to punish or gain revenge via deadly means recent death of a family member or close friend (student reports) expresses feelings of hopelessness, worthlessness, helplessness family stressors, explain:
Special Skills/Characteristics (strengths)	
demonstrates a desire to learn helps others in class leader cooperative	displays good logic/reasoning skills works well in a group considerate of others enthusiastic
can work independently creative good communication skills	participates in extra-curricular activities can accept re-direction (criticism) accepts responsibility
Additional Comments: Attendence	e picklens
Would you like to discuss this student with the	

RETURN TO:

DATE: Respondi	ng Teacher, $\int \int $
Student Name	Present Grade
communicate any of the observable belthat this information, if requested will be	rm by checking or marking the appropriate we intervention plans, it is crucial that you saviors listed below. Federal regulations require be made available to the student's parent(s) or a envelope, marked confidential, and return it to
Academic Information	
present subject letter grade drop in grades fails to complete in-class assignmen # verbalizes disinterest in academic performance has difficulty retaining new or recen	poor test scoresdoes not take advantage of extra
Behavioral Observations	 A supplier of the Western Control of the Western Contro
decrease in classroom participation cutting class cheating sleeping in class unprepared for class loss of eligibility	tardiness dropped out lying difficulty making decisions easily distractible
seeks constant reassuranceinvolvement in theft (student reportrunaway (student reports)selling drugs (student reports)	large amounts of money unwilling to change attire for PE
inappropriate sexual verbalization expresses involvement in hate group refusal to go home (student reports missed practice short attention span, explain:	hangs around school for no apparent reason repeated visits to restroom, health office, counselor etc.
Policy Violations/Discipline Problems vandalism	and the special section of the secti
on absent list, but in school carrying a weapon, beeper, cell pho or other prohibited electronic de repeated violation of rules	ne wears drug/alcohol clothing

Physical Observations	the second specific and the second second
unsteady on feet glassy/bloodshot eyes	complains of nausea unexplained physical injury
frequent cold-like symptoms	smells of alcohol/marijuana
slurred speech	noticeable change in weight
self abuse	poor hygiene
appears disoriented	food issues, explain
frequently expresses concerns with personal health	on the control of the control of the second of the control of the
Peer Interaction Observations	
disliked by peers	older/younger social group
hits or pushes others	fighting
disturbs other students easily influenced by others	loner
tashy indenced by others	sits alone in lunchroom
Emotional Observations	
- The state of the	
expresses desire to die (student reports) sudden outbursts of anger suicide threat or gesture dramatic or sudden change in behavior expresses anger towards parent(s) often criticizes self others appears fatigued easily frustrated expresses fear/anxiety of:	expresses desire to join someone who has died expresses desire to punish or gain revenge via deadly means recent death of a family member or close friend (student reports) expresses feelings of hopelessness, worthlessness, helplessness family stressors, explain: Very poor
Special Skills/Characteristics (strengths)	
demonstrates a desire to learn helps others in class leader cooperative can work independently creative good communication skills	displays good logic/reasoning skills works well in a group considerate of others enthusiastic participates in extra-curricular activities can accept re-direction (criticism) accepts responsibility
Additional Comments:	woops responsionity
Would you like to discuss this student with t	he SAP Team? Yes No

RETURN TO:

Student ASSISTANCE Program Teacher Checklist

DATE: ALLIGI Resp	onding Teacher, Vallingont
Student Name	Present Grade
Please take the time to complete this information. In order to develop efficient communicate any of the observable that this information, if requested in the communicate of the complete of the communicate of the complete of the communicate of the communicate of the complete of the communicate of the communi	s form by checking or marking the appropriate fective intervention plans, it is crucial that you behaviors listed below. Federal regulations require will be made available to the student's parent(s) or in an envelope, marked confidential, and return it to
Academic Information	
2% F present subject letter grade drop in grades fails to complete in-class assign rerbalizes disinterest in academ performance	fails to complete homework reads below grade level poor test scores does not take advantage of extra
has difficulty retaining new or r	ecent information
A decrease in classroom participal cutting class cheating sleeping in class unprepared for class loss of eligibility seeks constant reassurance involvement in theft (student remaway (student reports) selling drugs (student reports) inappropriate sexual verbalization expresses involvement in hate prefusal to go home (student remissed practice short attention span, explain: Policy Violations/Discipline Prob	dropped out lying difficulty making decisions easily distractible denies responsibility/blames others openly expresses drug use (student reports) large amounts of money unwilling to change attire for PE expresses involvement in the occult hangs around school for no apparent reason repeated visits to restroom, health office, counselor, etc.
vandalism on absent list, but in school carrying a weapon, beeper, cell or other prohibited electron repeated violation of rules	detentions, # obscene language or gestures phone wears drug/alcohol clothing

Physical Observations	on the second of
unsteady on feet glassy/bloodshot eyes frequent cold-like symptoms slurred speech	complains of nausea unexplained physical injury smells of alcohol/marijuana
self abuse appears disoriented frequently expresses concerns	noticeable change in weight poor hygiene food issues, explain
with personal health	
Peer Interaction Observations	
disliked by peers hits or pushes others disturbs other students easily influenced by others	older/younger social group fighting loner: sits alone in lunchroom
Emotional Observations	
expresses desire to die (student reports) sudden outbursts of anger suicide threat or gesture dramatic or sudden change in behavior expresses anger towards parent(s) often criticizes self/others appears fatigued easily frustrated expresses fear/anxiety of: Special Skills/Characteristics (strengths)	expresses desire to join someone who has died expresses desire to punish or gain revenge via deadly means recent death of a family member or close friend (student reports) expresses feelings of hopelessness, worthlessness, helplessness family stressors, explain:
demonstrates a desire to learn helps others in class leader cooperative can work independently creative good communication skills	displays good logic/reasoning skills works well in a group considerate of others enthusiastic participates in extra-curricular activities can accept re-direction (criticism) accepts responsibility
Additional Comments:	
Would you like to discuss this student with the	
states in connect as but	mary wears wasses

Student Assistance Program Teacher Checklist

DATE: 17 4 61	Responding Teac	cher. Acke	<u>8, 4, 4, 144 f. 7 f.</u> 4, 624
Student Name		Present Grade	
Please take the time to compinformation. In order to device communicate any of the obsthat this information, if requiguardian. Please place this rethe building SAP Team.	elop effective inter ervable behaviors ested, will be made	hecking or marking the vention plans, it is cruding listed below. Federal is available to the student	ne appropriate ucial that you regulations require
Academic Information		25 m 12 m	L. St. 18 1 21 1
present subject letter gradop in grades x fails to complete in-class # Participation y verbalizes disinterest in performance	s assignments A P.E. academic	poor motor skills fails to complete he reads below grade poor test scores does not take adva assistance offer	omework level untage of extra
has difficulty retaining n Behavioral Observations	lew or recent inform	mation	
decrease in class country class cheating class sleeping in class unprepared for class loss of eligibility seeks constant reassurar involvement in theft (strumaway (student report selling drugs (student reinappropriate sexual verexpresses involvement in refusal to go home (student student student sexual to go home (student student sexual to go home (student sexual to go home)	nce ident reports) ts) ports) XX balization n hate groups dent reports)		ty/blames others rug use (student king Cigs noney e attire for PE nent in the occult ol for no apparent
vandalism on absent list, but in sch carrying a weapon, been or other prohibited expressed violation of ru	per, cell phone	detentions, #	l clothing

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Physical Observations	
unsteady on feet glassy/bloodshot eyes frequent cold-like symptoms slurred speech self abuse appears disoriented frequently expresses concerns with personal health	complains of nausea unexplained physical injury smells of alcohol/marijuana noticeable change in weight poor hygiene food issues, explain
Peer Interaction Observations	
disliked by peers hits or pushes others disturbs other students easily influenced by others	older/younger social group fighting loner sits alone in lunchroom
Emotional Observations	
Special Skills/Characteristics (strengths) demonstrates a desire to learn helps others in class leader cooperative an work independently creative	expresses desire to join someone who has died expresses desire to punish or gain revenge via deadly means recent death of a family member or close friend (student reports) expresses feelings of hopelessness, worthlessness, helplessness X family stressors, explain: The last works well in a group considerate of others enthusiastic participates in extra-curricular activities can accept re-direction (criticism)
good communication skills	accepts responsibility
Additional Comments: Would you like to discuss this student with the	ne SAP Team? Ves X No
	e made prone callo (DAD), france supplied.

Student Assistance Program Counselor Checklist

DATE: 12 4 61 Counselor Name:	Bufalina
Student Name R	Present Grade
Please take the time to complete this form by information. In order to develop effective int communicate any of the observable behavior that this information, if requested, will be made guardian. Please place this referral in an enve the building SAP Team.	ervention plans, it is crucial that you s listed below. Federal regulations require le available to the student's parent(s) or
Academic Information (attach copy of rep	ort card)
year-to-year pattern of change in grades frequently changed schools verbalized disinterest in academic performance new student previous retention recently referred for MDE/school psych.	academic performance is not commensurate with standardized test scores does not take advantage of extra assistance offered/available special education student receives chapter 1 reading/math
Behavioral Observations	
cheating difficulty making decisions denies responsibility/blames others involvement in theft (student reports) runaway (student reports) selling drugs (student reports) inappropriate sexual verbalization expresses involvement in hate groups repeated violation of rules short attention span, explain:	loss of eligibility easily distractible openly expresses drug use (student reports) large amounts of money unwilling to change attire for PE expresses involvement in the occult repeated visits to counselor's office wears drug/alcohol clothing obscene language or gestures verbally abusive towards/harasses others
Emotional Observations	
cries often expresses desire to die (student reports) sudden outbursts of anger suicide threat or gesture dramatic or sudden change in behavior easily frustrated often criticizes self/others appears fatigued expresses fear/anxiety of:	suicide note expresses desire to join someone who has died expresses desire to punish or gain revenge via deadly means recent death of a family member or close friend (student reports) expresses feelings of hopelessness, worthlessness, helplessness

Student Assistance Program Counselor Checklist

I CCCILL (IIIVO) CCC/ CCD gration	
recent divorce/separation job loss of family member	expresses anger towards parent(s)
_ family stressors, explain:	conflicts with siblings (student report
	absence of caregiver, explain:
vsical Observations	
VSICAL ODSETVATIONS	
trottender an Car	
_ unsteady on feet _ glassy/bloodshot eyes	complains of nausea
_ guassy.bioodsnot eyes	unexplained physical injury
frequent cold-like symptoms	smells of alcohol/marijuana
slurred speech self abuse	noticeable change in weight
	poor hygiene
appears disoriented	food issues, explain
frequently expresses concerns	
with personal health	
er Interaction Observations	
e a significant de la companya de l	
_disliked by peers	older/younger social group
hits or pushes others	fighting
disturbs other students	loner
easily influenced by others	change in friends
ecial Skills/Characteristics (strengths)	
demonstrates a desire to learn	dienlaye good lociol
demonstrates a desire to learn helps others in class	displays good logic/reasoning skills
demonstrates a desire to learn helps others in class leader	works well in a group
helps others in class leader	works well in a group considerate of others
helps others in class leader cooperative	works well in a group considerate of others enthusiastic
helps others in class leader	 works well in a group considerate of others enthusiastic participates in extra-curricular activities
helps others in class leader cooperative can work independently creative	works well in a group considerate of others enthusiastic participates in extra-curricular activiti can accept re-direction (criticism)
helps others in class leader cooperative can work independently	works well in a group considerate of others enthusiastic participates in extra-curricular activiti
helps others in class leader cooperative can work independently creative good communication skills	works well in a group considerate of others enthusiastic participates in extra-curricular activiti can accept re-direction (criticism)
helps others in class leader cooperative can work independently creative	works well in a group considerate of others enthusiastic participates in extra-curricular activiti can accept re-direction (criticism)
helps others in class leader cooperative can work independently creative good communication skills ter Information	works well in a group considerate of others enthusiastic participates in extra-curricular activiti can accept re-direction (criticism) accepts responsibility
helps others in class leader cooperative can work independently creative good communication skills ter Information involvement with community-based	works well in a group considerate of others enthusiastic participates in extra-curricular activiti can accept re-direction (criticism) accepts responsibility currently involved with outside
helps others in class leader cooperative can work independently creative good communication skills ter Information	works well in a group considerate of others enthusiastic participates in extra-curricular activiti can accept re-direction (criticism) accepts responsibility currently involved with outside counseling
helps others in class leader cooperative can work independently creative good communication skills ter Information involvement with community-based	works well in a group considerate of others enthusiastic participates in extra-curricular activitican accept re-direction (criticism) accepts responsibility currently involved with outside counseling previously involved with outside
helps others in class leader cooperative can work independently creative good communication skills her Information involvement with community-based agencies, list:	works well in a group considerate of others enthusiastic participates in extra-curricular activitic can accept re-direction (criticism) accepts responsibility currently involved with outside counseling previously involved with outside counseling
helps others in class leader cooperative can work independently creative good communication skills ter Information involvement with community-based	works well in a group considerate of others enthusiastic participates in extra-curricular activitican accept re-direction (criticism) accepts responsibility currently involved with outside counseling previously involved with outside counseling receives community-based services in
helps others in class leader cooperative can work independently creative good communication skills her Information involvement with community-based agencies, list:	works well in a group considerate of others enthusiastic participates in extra-curricular activiti can accept re-direction (criticism) accepts responsibility currently involved with outside counseling previously involved with outside
helps others in class leader cooperative can work independently creative good communication skills er Information involvement with community-based agencies, list: involvement with wrap-around services	works well in a group considerate of others enthusiastic participates in extra-curricular activitic can accept re-direction (criticism) accepts responsibility currently involved with outside counseling previously involved with outside counseling receives community-based services in school
helps others in class leader cooperative can work independently creative good communication skills her Information involvement with community-based agencies, list:	works well in a group considerate of others enthusiastic participates in extra-curricular activitic can accept re-direction (criticism) accepts responsibility currently involved with outside counseling previously involved with outside counseling receives community-based services in school
helps others in class leader cooperative can work independently creative good communication skills er Information involvement with community-based agencies, list: involvement with wrap-around services	works well in a group considerate of others enthusiastic participates in extra-curricular activitic can accept re-direction (criticism) accepts responsibility currently involved with outside counseling previously involved with outside counseling receives community-based services in school

Student ASSISSEPTOGram School Nurse Checklist

DATE: Name of School Nu	urse $\int \mathcal{M}(j)$
Student Name	Present Grade
General Medical Information	•
Number of visits to nurses office: Reason(s)/summary: Medical history: Significant medical condition(s): Medications: Number of times sent home for illness: Reason(s)/summary: Number of contacts with parent(s)/guardian Reason(s)/summary:	:
Do you wish to have contact with the stude	nt's SAP case manager? YesNo
Physical Observations	
unsteady on feet complains of nausea glassy/bloodshot eyes skin problems poor motor skills frequent cold-like symptoms smells of alcohol/marijuana	frequent vomiting slurred speech noticeable change in weight loss of hair self-abuse poor hygiene
Emotional Observations	
expresses desire to die expresses desire to join someone who has died openly expresses drug/alcohol use seeks constant reassurance suicide threat, gesture preoccupied with personal health appears fatigued appears disoriented expresses fear/anxiety of: food issues, explain:	expresses desire to punish or gain revenge via deadly means dramatic/sudden change in behavior cries frequently lying recent death of family member or close friend expresses hopelessness, worthlessness expresses feelings of helplessness engages in dangerous or risk taking behavior other family stressors, explain:

Additional Comments:

Fiblic Contact

Student Assistance: Program (SAP) Administrator's Checklist

DATE HILL	Administrator Name	Linka (appel)	Carle Co.
Student Name		Present Grade Level	
Please take the time to comple information. In order to devel communicate any of the obser that this information, if reques guardian. Please place this ref the building SAP Team.	lop effective interve vable behaviors list ted, will be made as	action plans, it is crucial that y ted below. Federal regulation vallable to the student's person	ou s require
Attendance			:
Total number of days tardy: Number of days absent:	Excused	UnexcusedUnexcused	; - -
Discipline (please attach a co	ppy of this student	's disciplinary record)	
Number of detentions to date: Number of PASS to date: Number of OSS to date:		ulsion hearing (circle one) Y	ES NO
Inappropriate Behavior (che	ck all that apply)		•
cutting class verbally abusive towards of sleeping in class obscene language or gesture hangs around school for ne reason physically aggressive towards.	othersires	on absent list, but not in scho wears drug/alcohol clothing inappropriate sexual verbaliza lying repeated violation of rules misuse of passes insubordination to staff/teach	ation
Policy Violations (check all t	hat apply)		:-
vandalism carrying a weapon, beeper or other prohibited elect involvement in theft selling and/or purchasing of inappropriate dress (dress threatening others by dead	tronic devices trugs code)	possession and/or use of toba possession and/or use of alco possession and/or use of drug possession and/or use of wea assault/fighting sexual harassment trespassing	hol
Has this student ever been crim	inally charged for o	offenses on school property?	YES NO

Student Assistance Program (SAP) Administrator's Checklist

Other (check all that apply)

sudden outbursts of anger	s) expresses desire to join someone who has died
suicide threat or gesture	expresses desire to punish or gain
dramatic or sudden change in behavior easily frustrated	revenge via deadly means
casely it user after a file and	family stressors, explain:
expresses feelings of hopelessness,	
worthlessness, helplessness	expresses fear/amiety of
expresses drug/alcohol use openly	
expresses involvement in hate groups Possesses large amounts of money	loss of eligibility (sports, ROTC, etc.)
r obsesses in ge amounts or money	smells of alcohol/marijuana
Have you had contact with parent(s)/guardi	:1 (VES) NO
Explain: Called Neme 1114	THE COLLAR A MACCOLLA
- CERTIFICATION (CC-1)	the supplied the second
Have you had any contact with outside ages	ncies regarding this student? WES
Explain:	ncies regarding this student? YES NO
s this student currently involved with juven	uile probation? YES (NO)
Student Initiated Requests (check all the	t appiv)
	
schedule change	agency referral
help with a home problem	help with a health problem
ther, Explain:	Provide
ypes of Interventions Previously Tried (
referral for MDE or school psych.	✓ individual conference
Consultation	parent conference
Consultation MDT/CST meeting	guidance conference
Consultation MDT/CST meetingrevision of NORA	guidance conference student/parent/teacher conference
	guidance conference student/parent/teacher conference teacher conference
Consultation MDT/CST meeting revision of NORA revision of schedule suspension f.	guidance conference student/parent/teacher conference teacher conference change in program
Consultation MDT/CST meeting revision of NORA revision of schedule suspension PASS social services conference	guidance conference student/parent/teacher conference teacher conference
Consultation MDT/CST meeting revision of NORA revision of schedule suspension from	guidance conference student/parent/teacher conference teacher conference change in program
Consultation MDT/CST meeting revision of NORA revision of schedule suspension from social services conference (i.e. wrap around)	guidance conference student/parent/teacher conference teacher conference change in program
consultation MDT/CST meeting revision of NORA revision of schedule suspension from social services conference (i.e. wrap around)	guidance conference student/parent/teacher conference teacher conference change in program
Consultation MDT/CST meeting revision of NORA revision of schedule suspension first social services conference (i.e. wrap around) ther, Explain:	guidance conference student/parent/teacher conference teacher conference change in program
consultation MDT/CST meeting revision of NORA revision of schedule suspension factor social services conference (i.e. wrap around) ther, Explain:	guidance conference student/parent/teacher conference teacher conference change in program agency intervention
Consultation MDT/CST meeting revision of NORA revision of schedule suspension factor social services conference (i.e. wrap around) ther, Explain:	guidance conference student/parent/teacher conference teacher conference change in program agency intervention
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Consultation MDT/CST meeting revision of NORA revision of schedule ✓ suspension (ASS) social services conference (i.e. wrap around) other, Explain:	guidance conference student/parent/teacher conference teacher conference change in program agency intervention
Consultation MDT/CST meeting revision of NORA revision of schedule suspension factor social services conference (i.e. wrap around) ther, Explain:	guidance conference student/parent/teacher conference teacher conference change in program agency intervention
Consultation MDT/CST meeting revision of NORA revision of schedule suspension PAS social services conference (i.e. wrap around) Other, Explain:	guidance conference student/parent/teacher conference teacher conference change in program

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The School District of the City of Erie Student Assistance Program Services

PERMISSION FORM

The purpose of the Student Assistance Program is to help address barriers to learning so children can become more successful in school. The program provides a variety of supports and services for students. The focus of this effort is to establish a partnership between the parents and school, to build the developmental assets in children that are necessary for personal wellness and school success. SAP is voluntary and confidential.

The range of SAP services include:

- 1. Gathering Information, Identification of Student Strengths & Needs
- 2. Development of Intervention Plan to Promote Student Success
- 3. Support and Intervention from School and Student Services Staff

Please sign the form below granting permission for your child to participate in the Student Assistance Program. Please check the services you are requesting and return to

4. Behavioral Health Consultation

the School Counselor of Principal.	
Information gathering, Identification of Student Strengths & Needs	
Development of Intervention Plan to Promote Student Success	
Support and Intervention with School and Student Services Staff	
Behavioral Health Consultation & Assessment	
Parent/Guardian Consultation Only	
SAP Participation is Declined	
STUDENT'S NAME: R P SIGNATURE:	
PARENT/GUARDIAN SIGNATURE: Pichar W. Victor	11-12-01
. ,	(Date)

ALL SAP services are voluntary, confidential, and free of charge. Parent participation is welcome and needed in the SAP process.

Additional information regarding Child and Family Rights and Responsibilities in the Student Assistance Program is available from the school Principal and/or SAP Team.

Student Assistance Program High/Middle School Student Referral Form

Student Name	Present Grade Level
School 5V	Date 11 15 101
Teacher Name Scully	Class L5 Science e Readi
order to develop effective intervention plans, it	necking or marking the appropriate information. In is crucial that you communicate any of the ulations require that this information, if requested, or guardian. Please place this referral in an he building SAP Team. poor motor skills fails to complete homework reads below grade level poor test scores
performance	does not take advantage of extra assistance offered/available
has difficulty retaining new or recent inform	nation
Behavioral Observations	
decrease in classroom participation cutting class cheating sleeping in class unprepared for class loss of eligibility seeks constant reassurance involvement in theft (student reports) runaway (student reports) selling drugs (student reports) inappropriate sexual verbalization expresses involvement in hate groups refusal to go home (student reports) missed practice short attention span, explain:	dropped out lying difficulty making decisions easily distractible denies responsibility/blames others openly expresses drug use (student reports) large amounts of money unwilling to change attire for PE expresses involvement in the occult hangs around school for no apparent reason repeated visits to restroom, health office, counselor, etc.
Policy Violations/Discipline Problems vandalism on absent list, but in school carrying a weapon, beeper, cell phone or other prohibited electronic devices repeated violation of rules	detentions, # obscene language or gestures wears drug/alcohol clothing inappropriate dress (dress code) verbally abusive towards/harasses others

Student Assistence Program High/Middle School Student Referral Form

Physical Observations	
unsteady on feet glassy/bloodshot eyes frequent cold-like symptoms slurred speech self abuse appears disoriented frequently expresses concerns re: personal health	complains of nausea unexplained physical injury smells of alcohol/marijuana noticeable change in weight poor hygiene food issues, explain
Peer Interaction Observations	
disliked by peers hits or pushes others disturbs other students easily influenced by others	older/younger social group fighting loner its alone in lunchroom
Emotional Observations	
expresses desire to die (student reports) sudden outbursts of anger suicide threat or gesture dramatic or sudden change in behavior expresses anger towards parent(s) often criticizes self/others appears fatigued easily frustrated expresses fear/anxiety of:	expresses desire to join someone who has died expresses desire to punish or gain revenge via deadly means recent death of a family member or close friend (student reports) expresses feelings of hopelessness, worthlessness, helplessness family stressors, explain:
Special Skills/Characteristics (strengths) demonstrates a desire to learn helps others in class leader cooperative can work independently creative good communication skills	displays good logic/reasoning skills works well in a group considerate of others enthusiastic participates in extra-curricular activities can accept re-direction (criticism) accepts responsibility
Additional Comments:	
Would you like to discuss this student with the S Received in a leave on a calculated 1.3. Clarated - the white is about it is a leave of a leave of a leave of Neod Dear May in class - 2	AP Team? Yes No No Vtiling in our of the way in our of the way in the contract of

Case 1:03-cv-00390-SJM Document 58-4 Filed 08/18/2005 Page 32 of 50

Closed = placed at Sanah Reed Adolescent Partial Jan. 2001A

A000000577

Crisis Intervention

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Wants more difficult work
Wants more difficult work
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- people she object this summer

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Parents Enancial problems





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IEP REVISION / REVIEW

A000000579	
a say Part Di	Date: 1-18-02
DOB: Strong Vincent	Teacher: Mr. Grad
7 / 2	IEP date: 7-23-01
Purpose for meeting: Review of goals and objectives Change in	
Change from SV to SECC Manifestation Determination	Behavior Support Plan o
Adjustment Other	
Management Appendix Control	
MEASURABLE ANNUAL GOAL: Identify appropriate solutions to interbehaviors.	personal and self-related problem
- · · · · · · · · · · · · · · · · · · ·	•
SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:	·
OBJECTIVE / BENCHMARK: Develop consistent patterns of appropr	ista hahavian theavah a
therapeutic behavior support.	nate ochavior unough a program of
	•
 EXPECTED LEVEL OF ACHIEVEMENT – a performance performance of expectations and responsibilities. 	evel system is used to increase
 EVALUATION SCHEDULE – daily and weekly 	
	•
METHOD OF EXAMPLEMENT AND A STATE OF THE STA	
 METHOD OF EVALUATION — daily observations; charting communicated to the student as well as to the parents 	g of progress towards goals is
SPECIALLY DESIGNED INSTRUCTION — Consistent participati counseling program as well as medication management. An in be developed in conjunction with IEP goals and objectives. To the home school are planned and carried out with a multidiscip	dividualized intervention plan will ransition activities for the return to
Signatures: Parent Sullacy for	DEPOSITION EXHIBIT
	Moore #1
Classroom Teacher Constitution of the Constitu	<u> </u>
Special Education Teacher 7 2002	1211
Thereal Miller I willed	WILLED
ERIE SCHOOL DISTRICT Other	
Other	

Copies:

White - Pupils School File

Yellow - Parent or Guardian

Pink - Teacher

Gold - other

The School District of the City of Erie, Pa.		_

The School District of the City of Erie, Pa.

POTICE OF RECOMMENDED EVALUATION PLACEMENT shool Age

Date:
Name and Address of Parent: Mramns Richard Parent
Student's Name:
S.S. #.
Dear
This notice summarizes recommendations for your child's education program.
This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a fappropriate public education to the child.
1. Action proposed or refused: Synth Doen Theraputic fragram for psychological/psychiatric evaluation and possible. Interventions:
2. Why the action is proposed or refused: 1. Student's Current high deare of intensity of strice as recorded by the parents students of Eng. School District State. 1. Intensity a frequency of theraputa interventions exceen that which Can be idely brea in the regular school setting.
3. A. Description of any other options that were considered:
M BR 2
B. Reasons why these options were rejected:
Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused: The formulation provided by the statent, parents; ESDISTATE INCluding Mental Hentil State
. Other factor(s) relevant to proposal or refusal:
LA LA
he educational placement recommended for your child is: ppropriate Grouping: 4775 evel (%): 487c
ocation:
ther: There pittle Support at Samh Hood's Children's Conter F 000000420

School District Superintendent Signature Signature Date have certain rights and protections under law that is described in a document titled Procedural Safeguards Notice. If you information or want a copy of the Procedural Safeguards Notice, you may contact: Mane Supervisor Name Position Phone Num ECTIONS FOR PARENTS: Please check one of the options, sign this form, and return it within 10 days to the person lie. I approve this recommendation I do not approve this recommendation My reason for disapproval is: A Pre-hearing Conference Mediation Due-process Hearing I will need the following accommodations to be made so that I may attend the above.	ce of Recommended Educational Placement	/	
have certain rights and protections under law that is described in a document titled Procedural Safeguards Notice. If you information or want a copy of the Procedural Safeguards Notice, you may contact: Mane Supervision 8744-616 Phone Num Position Phone Num Position Phone Num I approve this recommendation I do not approve this recommendation My reason for disapproval is: A Pre-hearing Conference Mediation Due-process Hearing		·	
have certain rights and protections under law that is described in a document titled Procedural Safeguards Notice. If you information or want a copy of the Procedural Safeguards Notice, you may contact: Mane Supervision 8744-64 Phone Num Position Phone Num Position Phone Num I approve this recommendation I do not approve this recommendation My reason for disapproval is: A Pre-hearing Conference Mediation Due-process Hearing			
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Name Sections Position Phone Num Sections For Parents: Please check one of the options, sign this form, and return it within 10 days to the person lies. I approve this recommendation I do not approve this recommendation My reason for disapproval is: A Pre-hearing Conference Mediation Due-process Hearing	nave certain rights and a	· · ·	
Name Supervisor Position Phone Num ECTIONS FOR PARENTS: Please check one of the options, sign this form, and return it within 10 days to the person is I approve this recommendation I do not approve this recommendation My reason for disapproval is: A Pre-hearing Conference Mediation Due-process Hearing	information or want a copy of the Procedural	at is described in a document titled Procedural S	Safeguards Notice. If you
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Position Phone Num ECTIONS FOR PARENTS: Please check one of the options, sign this form, and return it within 10 days to the person I: I approve this recommendation I do not approve this recommendation My reason for disapproval is: A Pre-hearing Conference Mediation Due-process Hearing		_ Supervisor	×74-61
☐ I approve this recommendation ☐ I do not approve this recommendation My reason for disapproval is: □ A Pre-hearing Conference □ Mediation □ Due-process Hearing	- 1	Position	———
A Pre-hearing Conference Mediation Due-process Hearing		e of the options, sign this form, and return it with	
A Pre-hearing Conference Mediation Due-process Hearing	I approve this recommendation		
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	I approve this recommendation I do not approve this recommendation My reason for disapproval is: A Pre-hearing Conference Mediation Due-process Hearing	n	

MEMO

TO:

MR. JAMES PIEKANSKI, SUPERVISOR OF SPECIAL EDUCATION

FROM:

MRS. AUDREY PECORARO, CHILD STUDY DEPARTMENT

SUBJECT:

REQUEST FOR SPEECH SERVICES

DATE:

JANUARY 17, 2002

The following student has been assigned to attend the Sarah Reed Program at 1020 East

10th Street:

D.O.B. 88 ID# 963479

Parent: Richard Polancy

Address:

Phone: 4 cell 5

School: Strong Vincent

Grade: 7, LS

According to the Student Assignment Information, student is to receive Speech and Language Services 2%.

A request is made for student to receive the services at Sarah Reed. She will begin the program on 1/22/02.

Thank you for your consideration.

September 1

Sam requesting that my daughter Behard to One school destruct's allemative Education: Program. I wave all rights to a howen

1-18.00

Department of Pupil Learner Services Child Study Office

Request For Home-School Visitor Service

Student ID # 96.3479	
Name of Child Road	Birthdate
Lives with Kichard Address 73	
Phone Present School, Grade Strong	Regular Q Special D
Date of Request Principal's Signature SPD CLL 57	12-62 CC
PROBLEMIREASON FOR REFERRAL: Referral to a	larsh Reed.
Meet 1750	Marlene-/ France
Fri -11:00 1/21/02-11:00	
Date received in Child Study Assigned to:	The second second
REPORT OF HOME-SCHOOL VISITOR:	
1/17/02 - Contact with parent.	Intake will.
1/17/02 - Contact with parent. be on 1/21/02 -11:00 Am. HSV will got home 1/18/02	at 11:00.
1-18-02 - How went to home. Mother	i had difficulty
Remembering our appt. Appt.	renergy the sufference.
heavily medicated & has me	10 11. 18 Low # 21/02
Forma Rigned. Intake is known as form 434-PLS-8-78 1/21/09. Student will begin a	the program or
Form 434-PLS-8-78	, //

P=1-1

WENO * School District of the City of Erie, PA

TO:

Mr. Frank Scozzie - Assistant to the Superintendent

Mrs. Charlise Moore - Supervisor, Special Education
Mrs. Marlene Chrisman - Supervisor, Special Education

. FROM:

Mrs. Audrey-Pecoraro, Home/School Visitor

SUBJECT:

PLACEMENT OF RACHEL POLANCY AT SARAH REED CHILDREN'S

CENTER

DATE:

January 17, 2002

REM PERSON DOB 1888, referred to Sarah Reed, Behavior Modification Program, Special Education Tract, from Strong Vincent High School, Grade 7 LS, is scheduled for the intake process at Sarah Reed on Monday, January 21, 2002 at 11:00 A.M. She will begin the program on Tuesday, January 22, 2002.

AP:cc

ĎŎ0000586 Special Education . TRACT Referral by MR-Scozzie, MRS. Christian -MRS. Mas. DOB: Strong Vincent gr. 765 - 1/02 Returns gr. 865 cd02-8/02 SCHOOL: 1/21/02 Intake -11:00 AM 22/02 Student to start Sarah Reed Alternative Student has completed Sarah Reed Alternative placement and will be returned to home school Returns to Strong Vencent gr. 8/5 ADDITIONAL COMMENTS: - Speech services have been requested. -CER dated 12-18-95 - Two year Review-dated 3/2/98

Document 58-4

Filed 08/18/2005

Page 41 of 50

Case 1:03-cv-00390-SJM

	400000r	*.0.7	
The School District of the City of Eric	A000005 e. Pa.		
		FINENTIONAL	
NOTICE OF RECE	<i>IMMENDED</i>	EVALUATION	PLACEMENT
School Age			
	Da	ite: III CA	
Name and Address of Parent:	2.72		<u> </u>
Student's Name:		I.D. #	
	T	·	
		S.S. #	
Dear			
This notice summarizes recomme	endations for your child's ed	lucation program.	
		والمروانية ويراميها ويؤيه ويواليا والمالية والمالية والمناطقة	الله المحمودية والله الموافقة في المرافقة المحمود المحمودة والمعاربين المحمودة والمعاربين المحمودة والمعاربين
This notice is to be given to the paren	it of a child with a disabilit	ty a reasonable time before the	school district proposes to initia
change, or refuses to initiate or chang	e the identification, evaluat	tion or educational placement	of the child or the provision of a
appropriate public education to the chi	ld.		
1. Action proposed or refused:			
(2)	Terranting in har	ONE IEP 51. BAYS	FLOWN 22 mi J.
· · · · · · · · · · · · · · · · · · ·			
2	<u> </u>	•	
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WHITE ARE LEADING		•	
2. Why the action is proposed or re		niak claument	at this day
		21 1 CA 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(*1 1)115 11116
· 1000 1000 1000 1000 1000 1000 1000 10			
	•	•••	
3. A. Description of any other opt	ions that were considered	:	
			<u> </u>
	•	· · · · · · · · · · · · · · · · · · ·	
			
B. Reasons why these options w	vere rejected:	·	
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Stage of the stage			
			maker
4. Evaluation precedure(s), test(s), r	ecord(s) or report(s) used	as a basis for the proposed a	chiom or echion refreed:
			177
			·
AND THE RESERVE THE PROPERTY OF THE PROPERTY O			
5. Other factor(s) relevant to propos	al or refusal:	. •	·
200	••••		·
The state of the s			
			TO CUELON
			DEPOSITION EXHIBIT
The educational placement recom	magnetal for mone classes &	g.•	EXHIBIT
Appropriate Grouping:	DECEMBER FOR YOUR CHARM IS		Moore #2 _
			11100re

Revised 9/2001

000003400

Studen	it Name:			<u> </u>
Notice	of Recommended Educational Place	i ement		Page
•	Taken Delivery of		A. A	
	1	a product the	D 50 0047	
		and Anna		
		To the state of th	190 ARK 1980	
		· Mainter Loai	my Ç i i i i	
	School District Superintendent		Signature	Date
		,	•	
You ha	ve certain rights and protections und	er law that is describ	ed in a document titled Procedu	ral Safeguards Notice. If you nee
more in	nformation or want a copy of the Pro	cedural Safeguards	: Notice, you may contact:	
		•	griffe.	
	Har Marks		Fritz Jacob	
	Name		. Position	Phone Number
uann na	ייי אייטעראוווו פון אווון עוועראוון אווי			
above.	CTIONS FOR PARENTS: Please	check one of the opt	ions, sign this form, and return i	t within 10 days to the person listed
ubo 10.		:		
	I approve this recommendat	tion		
	I do not approve this recom			
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	My reason for disapproval is	3:	·	
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I reques	st:			
	A Pre-hearing Conference			
	Due-process Hearing			——《安徽·安徽·安徽·安徽
٠	I will need the following accommo	dations to be made so	that I may attend the above	
	•			
,	•	٠.	7	
 ;-	Descrite Simon	· <u> </u>	<u> </u>	
je .	Parent's Signature		Date	Daytime Phone

A000000589 TEP REVISION / REVIEW

	s Name:				Date:	1-17-02	
DOB:	Pey	School: _	Strong Vine	ent	Teacher	Marsaul	 /
Program:				Curren	t IFP date:	\$ -29-200	7
Purpose :	for meeting:	Review of go	als and objective	es 🗆 Change in	7 Barboutes	1 2 1 ACC	<i>//</i>
Change f	from _SV	to .5R	Manifesta	ation Determination	T berceurage	, ie., RRLS t	o PTLS 🗖
Adjustme	ent 🛛 . Other	.			и ве	navior Suppo	ort Plan or
						,	
MEASURA	ABLE ANNUAL	GOAL: Ide	entify appropriat	e solutions to inte	·		
behaviors.		- · -		- 1011110111 15, Mic	vibersouat a	nd seif-relater	d problem
				•			
Short-Ti	erm Instruct	TIONAL OBJEC	TIVES OR BENCE	IMARKS:	•		
Ов	JECTIVE / BEI	NCHMARK• 'D	evelon consistan	t nottoma of m			
the	rapeutic behav	ior support.	everop consisten	t patterns of approp	riate behavio	or through a p	rogram or
		•	· .		•		
	EXPECTE	LEVEL OF	ACHIEVEMENT	- a performance	level system	m'in yand to	•
• ,	expectatio	ns and respons	sibilities.			י דד די מפפר ונס	increase
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	 EVALUATI 	ON SCHEDUL	E – daily and wee	kly			
	. Memon		·		•	7	
•	communica	eted to the stud	TION — daily of lent as well as to	oservations; charting	ig of progr	ess towards	goals is
•			:				
	SPECIALLY	DESIGNED I	NSTRUCTION C	onsistent participat	· · · · · · · · · · · · · · · · · · ·		
		brostam as Mi	th as medication	management An is	2 di 4 midro 2 i	1	
		ar in continuior	ton will ler goal	ls and objectives. The trust with a multidiscip	rangition oct		return to
,		- Parin		re with a minimized	llnary team	approach.	
		($\mathfrak{D}^{(i)}$	ρ			
	Signatures:	× Parent 📿	Jemse 1				•
		Classroom	Teacher Mu	Issa Dalli	und		
		Special Ed	ucation Teacher	Muss A	10.1		•
	· · · · · · · · · · · · · · · · · · ·	Principal _	Mirda)	A Chan	1/4/00	1/2	
		Other	7.7.		ar our	1//	
		Other					
Cari	. n		,				
Copies: Wh	ute – Pupils Schoo	ol File Vallor	, Banana	-			

Department of Pupil Learner Services Child Study Office

Request For Home-School Visitor Service

Student ID # 943020	
Name of Child	Birthdate 89
Lives with (Name, Relationship) Address	9
Phone 454-9685 Present School, Grade	Fr. V. 7 (S Regular C) Special C)
Date of Request Principal's Signat	ture
PROBLEM/REASON FOR REFERRAL:	WE
Referral for	I Saral Keed
be	J Sarsh Keed of Marlene/ Frank
0	
Date received in Child Study Assigne	
	ed to:(1.14'QAnaro
REPORT OF HOME-SCHOOL VISITOR:	
1-16-02 Contact with po	went. She will come
1-16-02 Contact with po to Child Study 1/17/	02 at 1:30PM
1-17-02 Palent Cama E	CA 11 Tt. 1
1-17-02 Poient came & Forms signed	Cheta i redeg
ill rest 1,-00 12 100	the an Antali, lime
1-18- Antibo is 1/	
3:00 Pm. She	1102-Mondayat
1-18-Antike is 1/- 3:00 Pm. She b on we adversibly	1/12/
Form 434-PLS-8-78	1202

T And requesting that my daughter,

Kind Look be transferred to the Erie

School District's Alternative Education program

I waive All rights to A Hearing.

Denise La

TEP REVISION / REVIEW

REVIDION/REVIE	• · · · · ·
Student's Name: K	Date: 1-17-02
DOB: School: Strong Vincent	Teacher M. 5 - 1/
Program: Current	IEP data: E 20 and
Purpose for meeting: Review of goals and objectives Change in	Personal PRICE
Change from SV to SRCC Manifestation Determination	Police Relation of the PILS
Adjustment Other	benavior Support Plan or
MEASURABLE ANNUAL GOAL: Identify appropriate solutions to interpretations.	rpersonal and self-related problem
Schaylors:	- Proofessi
HODE TERM INCOME	•
SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:	
OBJECTIVE / BENCHMARK: Develop consistent patterns of appropr therapeutic behavior support.	iate behavior through a program of
 EXPECTED LEVEL OF ACHIEVEMENT – a performance expectations and responsibilities. 	level system is used to increase
■ EVALUATION SCHEDULE — daily and weekly	•
	,
 METHOD OF EVALUATION — daily observations; charting communicated to the student as well as to the parents 	g of progress towards goals is
SPECIALLY DESIGNED INSTRUCTION — Consistent participation counseling program as well as medication management. An induction be developed in conjunction with IEP goals and objectives. To the home school are planned and carried out with a multidisciple.	dividualized intervention plan will
Signatures: × Parent Demse	
Classroom Teacher Malina Vally	int
Special Education Teacher MAS Manager Principal Manager Apple	raif Luaxa
FEB Other Other	

Pink - Teacher

White - Pupils School File Yellow - Parent or Guardian

Copies:

The School District of the City of Erie, Pa.	-N/10 m-10 m
OTICE OF RECONM	ENDED EVALUATION PLACEMENT
erunni Yae	Date:
Name and Address of Parent:	Date.
Student's Name:	ID.#. 943020
<i>-</i>	·
	S.S. #:
Dear This notice summarizes recommend to	•
This notice summarizes recommendations f	
This notice is to be given to the parent of a chilchange, or refuses to initiate or change the identification to the child.	ld with a disability a reasonable time before the school district proposes to initiate on tification, evaluation or educational placement of the child or the provision of a free
1. Action proposed or refused: Sinch Pred Theorportic, Angero * pass, file Intervention.	am for psychological / psychiatric, evaluation
he derivered in the regular. A. Description of any other options that v	
B. Reasons why these options were rejected	ed:
Eyaluation procedure(s), test(s), record(s) on Verbal Sharing At ais Change There was the August And	report(s) used as a basis for the proposed action or action refused: (1) Simmary from Motor Health. Milloreck Co
Other factor(s) relevant to proposal or refus	sal:
propriate Grouping: 9765 vel (%):	or your child is:
er Them not 10 Dupont of	16 15 m to Bridge Bridge

Student Name: K	00000594	
Notice of Recommended Educational Placement		Page
	14	
School District Superintendent	Signature	Date
You have certain rights and protections under law that is des more information or want a copy of the Procedural Safegue	cribed in a document titled Procedural Safeg	uards Notice. If you need
C. Moore. Name	SUPERVISOR Position	879-605
DIRECTIONS FOR PARENTS : Please check one of the above.	options, sign this form, and return it within 10	
I approve this recommendation	·	
I do not approve this recommendation		
My reason for disapproval is:		
I request:		
A Pre-hearing Conference		
☐ Mediation		
Due-process Hearing		
I will need the following accommodations to be made	e so that I may attend the above.	
Denise La	1/17/02	
Parent's Signature	Date	Daytime Phone

Δ	n	0	n	n	n	n	5	q	5
\neg	u	u	u	u	v	v	v	J	v

Special Education
TRACT
Referral by MR. Scozuie,
MRS. MODRET
MRS. Chrisman

NAME: Kristing L	DOB:	-89
ADDRESS:		
SCHOOL: Strong Viccont gr. 715		•
1/21/02 Intake -3	3:00 Pm	!

_Student has completed Sarah Reed Alternative placement and will be returned to home school

Student to start Sarah Reed Alternative

ADDITIONAL COMMENTS:

CER dated 5 75-95: